TOURO COLLEGE - OFFICE OF THE REGISTRAR



ENTERED BY:

227West 60th Street New York, NY 10027 Tel: (212) 287-3500

Transfer Credit Evaluation

		Date:	Semester:		
Name:		ID#:	Prog/	/Ext	
Address:		SS#:			
City: State: Zip:	:	Placement:	Math: Engli	sh:	
Accredited Non-Accredited	For	reign Other	: Permi	it: Y N	
Institution:		Code:	Dates of Attendance	e:	
VISITING/PRIOR INSTITUTION (OR I	Exam)	Cours	SE EQUIVALENTS AT TOUI	RO	
Course Number Title	Credit/ Grade	Dept./#	Title	Credit Sig./Date	
EVALUATED BY:	EXT:	DATE:		TOTAL CREDITS:	

Please Note: Each Major Department reserves the right to deny the transfer of specific courses required for a student's major. Thus, you should arrange to meet with your advisor immediately to discuss your evaluations and fill out the Major Concentration Form that will be your degree plan. **NOTE:** At least 30 credits must be completed at Touro College. The college cannot guarantee that all requirements can be met within these 30 credits.

COMMENTS:

DATE: